

**DAILY AFTER-SCHOOL SNACK COUNT WORKSHEET
FOR *INCOME ELIGIBLE* PROGRAMS**

Directions: Complete this worksheet on a daily basis. At the end of the month, add up columns 2, 4, and 5 and record the totals in the total row at the bottom. Also add up column 6 and record the total in the total row. The totals in columns 2, 4, and 5 should equal the total in column 6 when added. If not, an error was made and the figures need to be checked. Note that the number of Free and Reduced Claimed on a daily basis can **never** exceed the number of Free and Reduced Eligible students listed daily in columns 1 and 3. Also, the Total Claimed each day can **never** exceed the Daily Attendance.

SITE: _____

ENROLLMENT: _____ **MONTH:** _____

Day of Month	Daily Attend.	1 Free Eligible	2 Free Claimed	3 Reduced Eligible	4 Reduced Claimed	5 Paid Claimed	6 Total Claimed (2+4+5)	Comments
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTAL								

All accounts and records pertaining to the school food service including approved and denied free and reduced price applications must be retained and available for future audit for a period of three years after the federal fiscal year to which they pertain.

Completed by: _____

Date: _____